

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/25/2022

Health Department, City of Baltimore.

Permit No. 98603 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13 - 87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Bombaerger
Sex, ~~Male~~ Female, {Cross out the word not required in this line.}
Age, 21 Years, 2 Months, 18 Days
Color, White
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}
Occupation, Housewife
Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.
Duration of Residence in the City of Baltimore, Always
Place of Death, {Give Street and Number.} 2806 S. E. Avenue
Cause of Death, {First (Primary), Phthisis Pulmonum.
Second (Immediate), Exhaustion
Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C
Date of Burial, Mar 16th 1887
Undertaker, ~~W. J. Dwyer~~ Frank C. Brainerd M. D.
Place of Business, 2nd St Address, 1711 Bank St
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No.

98604

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

March 13

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John. Frank

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

13 Years,

5

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

unemployed

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

since birth

Place of Death,

{ Give street and number. }

1743

Chester St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Rheumatism

As the price

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

March 16th 1884

Wm W Barkman M.D.,

Medical Attendant.

{ Undertaker,

Fred Gaede

{ Place of Business,

18 Caroline

Address, 1918 E. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. *98605*

Office of Registrar of Vital Statistics.

Ward *17²*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 13th 1887*

Full Name of Deceased, *John Patrick Bangs*

Sex, Male or ~~Female~~, *Male*

Age, *15* Years, *10* Months, *✓* Days.

Color, *White*

Married, Single, Widow or Widower, *Single* Mother's name *May Bangs*

Occupation, *Boatman*

Birth Place, *Balt. 1334 Hull street*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, *1334 Hull street*

Cause of Death, *Membranous Croup*
Strangulation

Duration of Last Sickness, *4 days*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cem*

Date of Burial, *March 15th*

Undertaker, *Daniel Flynn*

E. M. James M. D.
Medical Attendant.

Place of Business, *42 E West Street*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98606 Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel T. Ringold

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 49 Years, Months, Days.

Color, Ed

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Russ

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give Street and Number. } 444 Orchard St

Cause of Death, { First (Primary), Second (Immediate), } abscess case, but death from natural causes, probably a form of Bright's Dis.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 17. 87

{ Undertaker, Alex. Hunsley

R. Winston

M. D.

Medical Attendant.

{ Place of Business, 560 Orchard St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. 98609

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th March 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Hallorik
Sex, Male or Female, { cross out the word not required in this line. } Male
Age, 07 Years, 5 Months, — Days.
Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married
Occupation, Printer
Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Rochester, N.Y.
Duration of Residence in the City of Baltimore, 19 Years
Place of Death, { Give street and number } Baltimore 1333 N. Stricker St.
Cause of Death { First, (Primary.) Lead Poisoning
Second, (Immediate.)

Duration of last Sickness, One month
All the above information should be furnished by the Physician.
Place of Burial, London Park
Date of Burial, March 15
Undertaker, John Cook
Place of Business, Baltimore St Address, Woodbury
M. D. R. Jones
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

See following certificate

[OVER.]

Health Department, City of Baltimore.

Permit No. 98607

Office of Registrar of Vital Statistics.

Ward 192

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday March 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Percy Hollock

Sex, Male or Female, { Cross out the word not required in this line. } _____

Age, 22 Years, 8 Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, Typo-setter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Rochester, N. Y.

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } No. 386 N. Stricker street

Cause of Death, { First (Primary), Second (Immediate), } Lead Poison

Duration of Last Sickness, 1 month 15 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Mar. 15 1887

{ Undertaker, J. B. Cook } R. E. Jones M. D.

{ Place of Business, W. Balto St Address, Woodberry, Md. } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department, City of Baltimore.

Permit No. 98608

Office of Registrar of Vital Statistics.

Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ralder

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore city ✓

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 141 S. Central av.

Cause of Death, { First (Primary), Second (Immediate), } Infection
Perforation

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 15th 1887

Undertaker, Good & Gade

L. Q. Wintermiller M. D.
Medical Attendant.

Place of Business, S. Caroline St. Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98609

Office of Registrar of Vital Statistics.

Ward 9 ¹¹/₉

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CERTIFICATE OF DEATH.

Date of Death, Mar 15 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Isaacs

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — Years, — Months, 7 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, nil

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } Cor. Holliday & Saratoga

Cause of Death, { First (Primary), Premature Birth Second (Immediate), Asthenia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom cemetery Trapp Road

Date of Burial, —

Undertaker, M. B. Rosinsky D. Street M. D.

Place of Business, 95 Harrison Address, 408 N. Euter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98610 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13, 1887
Full Name of Deceased, John Brannick
Sex, Male or Female, Male
Age, 26 Years, Months, Days.
Color, Black
Married, Single, Widow or Widower, Single
Occupation, Laborer
Birth Place, Bath
Duration of Residence in the City of Baltimore, All his life
Place of Death, 68 Wayne St
Cause of Death, First (Primary), Phthisis + Dropsy
Second (Immediate),
Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery
Date of Burial, March 15, 1887
Undertaker, Herndon & Sons
Place of Business, 404 Cornhill Address, 578 Hampshire St
Medical Attendant, Thomas Corle M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No.

98611

Office of Registrar of Vital Statistics

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Jones

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 46 Years, Months, Days.

Color, white

~~Married, Single, Widow or~~ Widower, { Cross out the words not required in this line. }

Occupation, Salesman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 46 years

Place of Death, { Give Street and Number. } 402 N Ann Street

Cause of Death, { First (Primary), Second (Immediate), } Malarial Fever, Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, March 16th

Undertaker, Geo Schilling

Place of Business, Arkland Square

Samuel Powell M. D.
Medical Attendant.
Address, 29 N. 2nd St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]